

METROPOLITAN GOVERNMENT of NASHVILLE and DAVIDSON COUNTY TENNESSEE

**Metropolitan Health Department
Pollution Control Division
311 - 23rd Avenue North
Nashville, Tennessee 37203
Telephone: (615) 340-5653**

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**PART 70 OPERATING PERMIT APPLICATION
INCINERATION
(Including Municipal Waste Combustors)**

1. Facility Name: _____															
2. Incinerator Identification Number: _____		3. Stack Number(s): _____													
4. Source description and applicable source classification code(s) (If this incinerator is regulated under R.C.R.A., please provide the permit numbers): _____ _____															
5. Maximum Operating Schedule: Hours Per Day: _____ Hours Per Year: _____															
6. Type of Incinerator (check one): _____ Single Chamber _____ Controlled Air _____ Multiple Chamber _____ Fixed Hearth _____ Multiple Hearth _____ Rotary Kiln _____ Other - Specify _____															
7. Year of construction or last modification: _____															
8. Describe all types of materials to be burned in this unit: <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;">Types of Materials to be Burned</th><th style="width: 30%;">Weight Percentage of Total Charge</th><th style="width: 30%;">Heating Value</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>				Types of Materials to be Burned	Weight Percentage of Total Charge	Heating Value									
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9. Type of Incinerator Charging: A. _____ Batch Feed: _____ Continuous Feed B. Waste Charging Method _____ C. Design Charging Rate: _____ (Lbs/Hr) D. Maximum Charging Rate: _____ (Lbs/Hr)															
10. <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 25%;">Combustion Information</th><th style="width: 25%;">Design Temperature (°F)</th><th style="width: 25%;">Heat Input to Burner(s) (Million BTU/Hr)</th><th style="width: 25%;">Burner Fuels</th></tr></thead><tbody><tr><td>Primary Chamber:</td><td> </td><td> </td><td> </td></tr><tr><td>Secondary Chamber</td><td> </td><td> </td><td> </td></tr></tbody></table>				Combustion Information	Design Temperature (°F)	Heat Input to Burner(s) (Million BTU/Hr)	Burner Fuels	Primary Chamber:				Secondary Chamber			
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Primary Chamber:															
Secondary Chamber															
11. Residence time of gas in the secondary chamber: _____ (Seconds)															
12. Is this Incinerator equipped with a heat recovery system? Yes _____ No _____ If yes, what is the projected energy production rate? (i.e., Lbs Steam/Hr): _____															
13. Is this Incinerator equipped with an emergency stack dump? Yes _____ No _____ If yes, indicate the conditions under which the dump stack will be used: _____															
14. Is this incinerator equipped with an air pollution control system for the purpose of achieving compliance with an applicable requirement: _____ Yes _____ No, If yes, please attach the appropriate air pollution control equipment form(s): APC V.11 through APC V.18.															
15. Are this incinerator's emissions or operations monitored to demonstrate compliance with an applicable requirement: _____ Yes _____ No, If yes, please attach the appropriate air pollution control equipment form(s): APC V.19 through APC V.27															
16. Is this source subject to 40 CFR Part 64 - Enhanced Monitoring Program? Yes _____ No _____ . If yes, please identify the stack or fugitive release point(s) and pollutant(s) to be monitored for this purpose: _____															
17. Page No. _____ Revision No.: _____ Date of Revision _____															

INSTRUCTIONS FOR APC FORM V.7:

INCINERATION

Sources that are required to obtain a permit in accordance with Regulation No. 13, "Part 70 Operating Permit Program" of the Code of Laws of the Metropolitan Government of Nashville and Davidson County, Tennessee, must complete and return this form, if applicable. Applications are incomplete unless all applicable information requested herein is supplied. Failure to supply any additional information requested by the Director to enable him/her to act on the application may result in return of this application. If there is any additional information that will not fit on a form, please declare the information on additional sheet(s) and attach it to the back of the original.

COMPLETE ONE FORM FOR EACH INCINERATOR OR INCINERATION METHOD INCLUDING MUNICIPAL WASTE COMBUSTORS, USED TO BURN WASTE AT THIS FACILITY.

- Item 2** Assign an identification number to this incinerator to be used throughout the remainder of this application.
- Item 3** Provide an identification number for the stack exhausting this incinerator. This number should also appear on APC Form V.3 completed for this stack.
- Item 4** Provide a thorough description of the incinerator and report the applicable source classification code(s).
- Item 2*** Include the maximum operating schedule to be allowed on the operating permit.
- Item 2** Check the appropriate incinerator type, or check other and specify the type of incinerator in use at this facility.
- Item 3** Indicate the year that the incinerator was installed or last modified.
- Item 4** List specifically the types of materials to be incinerated (e.g., paper, cardboard, wood boxes, rags, human and animal remains, industrial by-product liquids, semi-liquid or solid wastes, municipal waste, etc.). Specifically identify any hazardous waste to be burned in this incinerator. The heating value should be reported in terms of BTU per pound of waste.
- Item 2*** Check the appropriate method by which wastes are charged. Provide the design charging rate and the maximum charging rate to be allowed on the permit and used to project potential emissions reported on Form APC V.28.
- Item 3*** Provide the design combustion chamber temperature, the maximum heat input to the burner in million BTU per hour, and list the fuels used by this burner (e.g., natural gas, No. 2 fuel oil, liquid propane, etc.)
- Item 13** Provide a description of the conditions during which an emergency dump stack may be used.
- Item 16** Indicate whether or not this source is subject to 40 CFR Part 64 - Enhanced Monitoring Program. If the answer is yes, please indicate which stack(s) or fugitive release point(s) will require monitoring and indicate which pollutant(s) requires monitoring.
- Item 17** Page number must be filled in. Revision number and date of revision are to be filled in only if the information on this form is being revised.

*The information reported in Items 5, 9 and 10 must cover all alternative operating scenarios to be included in the operating permit and must reflect the information used to calculate the potential emission rates on Forms APC V.28 through APC V.31. Attach an additional sheet necessary to describe any alternative scenarios and define permit terms and conditions allowing emissions trading under a federally enforceable emissions cap to be established in the permit.

IF ANY ITEM ON THIS APPLICATION FORM IS NOT APPLICABLE TO THIS FACILITY, THE ITEMS MUST BE FILED IN WITH "NOT APPLICABLE" OR "N/A".